



# Howard County

## RECREATION & PARKS

Laura T. Wetherald  
Bureau Chief of Recreation  
lwetherald@howardcountymd.gov

Phone: 410-313-7275 (voice/relay) Fax: 410-313-4658  
www.howardcountymd.gov/rap

7120 Oakland Mills Road, Columbia, Maryland 21046

### **Therapeutic Recreation Inclusion Opportunities (TRIO) Program Contract 2015/2016**

Participants' Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School's Name: \_\_\_\_\_

#### **Please initial program fee:**

\_\_\_\_\_ Therapeutic Recreation Inclusion Opportunities (TRIO) Program

2pm – 6pm, when school is in session

**\$355.00 per month**

#### **Additional fees associated with Howard County Department of Recreation and Parks programs**

**Late payment fee:** \$30.00 per month when payment received more than a week after the scheduled due date.

**Payments are due the 17th of each month prior to care date.**

**Late pick-up fees:** \$10.00 for first 10 minutes after dismissal time, \$5 per 1-5 minute increment thereafter.

**Returned Check fee:** \$35.00 for any check returned due to insufficient funds or account being closed.

#### **Contract Conditions:**

By signing this form, you have certified that you are the one party responsible for all fees associated with the TRIO program and have agreed to the terms set forth on this document and as follows:

1. Submit completed emergency/participant information form, Therapeutic Recreation Assessment, submit immunization record (completed within last twelve months), and this completed contract before your child/participant enters the program.
2. Pay all monthly fees when they become due and any incurred late fees. Any account delinquent 30 days could be sent to the Office of Law for collection and result in termination from the program.
3. Ensure your child/participant is picked up at the program end time by an adult authorized by a parent or legal guardian. In the event your child/participant is picked up after the program dismissal time, a late fee will be assessed.
4. Submit a written request to withdrawal from the program to the Registration Office prior to the effective date of the change.
5. Follow the guidelines set forth in the Department Rules of Conduct and procedures.
6. Understand that your child/participant will abide by the Rules of Conduct and the program regulations. Failure to abide by the aforementioned rules may lead to termination from the program.

Parent/Responsible Party #1: \_\_\_\_\_  
(Print) (Signature) (Date)

Parent/Responsible Party #2: \_\_\_\_\_  
(Print) (Signature) (Date)

Frequently used email Address: \_\_\_\_\_